

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-031581

STATE FILE NUMBER

FILED OCT 8 1958 Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 308

1. PLACE OF DEATH a. COUNTY <b>A-DAIR</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>SHENANDOAH</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>HICKSVILLE</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>CLARENCE</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>LAUGHAN HOSP</b> Length of stay in lb <b>8 DAYS.</b>		d. STREET ADDRESS (If outside, give location) <b>CLARENCE MO</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>CARL H. BEAN</b>			4. DATE OF DEATH Month Day Year <b>SEPT 6 1958</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>FEB 8, 1884</b>		9. AGE (In years last birthday) <b>74</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SECTION FOREMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>RAILROAD</b>	11. BIRTHPLACE (City and state or country) <b>SOUTH DAKOTA</b>		12. CITIZEN OF WHAT COUNTRY? <b>US</b>
13a. FATHER'S NAME <b>WM H. BEAN</b>		13b. MOTHER'S MAIDEN NAME <b>MAHILA LATTEER</b>		14. NAME OF HUSBAND OR WIFE <b>SYLVIA BEAN</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>707-09-5210</b>		17. INFORMANT Address <b>MRS SYLVIA BEAN CLARENCE MO</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>MASSIVE RT. CORONARY ARTERY OCCLUSION</b>			INTERVAL BETWEEN ONSET AND DEATH <b>10 min</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>PREVIOUS SMALLER OCCLUSION</b>			<b>2 WEEKS</b>		
DUE TO (c) <b>4201</b>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>UREMIA - RT. SCROTAL HERNIA PROSTATIC HYPERTROPHY, etc</b>					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY .Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>8-29-58</b> to <b>9-6-58</b> and last saw her alive on <b>9-6-58</b> Death occurred at <b>1:25 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Carl Laughan Jr Do2</b>			22b. ADDRESS <b>Hicksville, Mo</b>		22c. DATE SIGNED <b>10-3-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>SEPT 9, 1958</b>	23c. NAME OF CEMETERY OR CREMATOR <b>BUCKLIN CEMETERY</b>		23d. LOCATION (City, town, or county) (State) <b>BUCKLIN MO</b>

24. FUNERAL DIRECTOR ADDRESS <b>Chas. V. Fleming Clarence Mo</b>		25. DATE RECD. BY LOCAL REG. <b>10-6-58</b>	26. REGISTRAR'S SIGNATURE <b>Dona W. Ratliff</b>	
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

1958 8561 3 100

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ..... Student Embalmer No. .... working under my personal supervision.

Student ..... Signature of Student Embalmer

Signed *Charles V. Green*.....

Licensed Embalmer No. *4625*..... P. O. Address *Lawrence*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.